

PASSAIC VALLEY SEWERAGE COMMISSIONERS
APPLICATION FOR A SEWER USE PERMIT

INDUSTRIAL <u>120-2573</u>			
8110	8115	8120	8205
DEC 04 2003			

SECTION A

1. Company Name: Express Display LLC
2. Permit Number if applicable: 20210097
3. Location: 105 Ave L
Newark NJ Zip Code: 07105
4. Mailing Address: SAME
Zip Code: _____
5. Person to contact concerning information provided in this application:
Name of Contact Official: Alfonse Rossi
Title: Plant Manager Phone No.: 973 589 2155
Address: 105 Ave L, Newark NJ Zip code: 07105
6. Number of Employees – Full Time: 110 Part Time: _____
Number of Work Days Per Year: 250
Number of Shifts Per Day: 2
7. If property is owned indicate block and lot number(s): Block 5030 Lot 61
1 68
1 69
Assessed Value: \$ 4,600,000.00
8. If property is rented indicate name and address of owner: _____
N/A
Total square feet rented: N/A
9. List NJPDES Permit Number if applicable, NONE and
Name of receiving Body of Water entered _____

SECTION B

WATER DATA

10. Water Source: (Circle all appropriate answers)

Purchased

☒ Y - ☐ N

Well

Y - ☒ N

If Y, is it metered

Y - N

River

Y - ☒ N

If Y, is it metered

Y - N

11. Name of purchased water supplier: City of NewarkList all Account #'s: 03 721 5600 00
03 721 5580 0012. Water Received: From Mo. 1 Yr. 03 Through Mo. 10 Yr. 03

(* Next to a figure means it is estimated).

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1 st Qtr.	2448017	N/A	N/A	2448017
2 nd Qtr.	1151172			1151172
3 rd Qtr.	3243889			3243889
4 th Qtr.	1824821*			1824821*

GRAND TOTAL 8667899

Report in gallons

13. Water Use and Disposition (*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/ Ditch	Gallons Used Other
Sanitary service only	550000		
Process waste water	8117899		
Cooling water	N/A		
Evaporation			
Contained in the product			
Other (describe)			

GRAND TOTAL 8667899

SECTION B (continued)

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer Y - N
 To the Combined Sewer Y - N
 To the Storm Sewer Y - N
 River or Ditch Y - N

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility.

Contractor	Address	Icc #	Waste type handled
<u>NONE</u>			

SECTION C**OPERATIONAL CHARACTERISTICS**

16. Discharge of Industrial Waste is continuous _____
 or intermittent ✓ each operating day.

If the discharge is intermittent, it occurs between the following hours: _____

17. Brief description of Manufacturing or other activity performed: _____

Manufacturers of Point of Purchase corrugated
displays

List SIC CODE #: 2679, 2653

18. Principal Raw Materials used: corrugated paper,

water based inks,

19. Principal Products or Services: Corrugated Shipping Containers

water based inks Display

SECTION D (continued)

23. Volume Information:

<u>Outlet</u>	<u>Daily Flow (Gallons)</u>	<u>Metered (Y - N)</u>	<u>Type</u>	<u>Date</u>
1	34671½	NO	N/A	

24. Frequency of calibration of each flow meter: N/A

25. Attach plot plan of the property showing:

- (a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
- (b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).
- (c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

SECTION E**ANALYSIS OF INDUSTRIAL WASTE**

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. 20210097

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l			Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l		
<u>Code</u>	<u>Parameter</u>	<u>Value</u>	<u>Code</u>	<u>Parameter</u>	<u>Value</u>
0200*	Radioactivity (PL-1)		1097*	Antimony (Sb)	
0500	Total Solids		1002*	Arsenic (As)	
0505	Volatile Solids		1022*	Boron (B)	
0530	Total Suspended Solids	< 2	1027	Cadmium (Cd)	< 0.001
0540	Volatile Suspended Solids		1034*	Chromium Total (Cr)	
0555	(1)(3) Petroleum Hydrocarbons		1042	Copper (Cu)	0.825
0310	Biochemical Oxygen Demand (BOD)	1020	1045*	Iron (Fe)	
			1051	Lead (Pb)	< 0.001
0340	Chemical Oxygen Demand (COD)		0720*(3)	Cyanide (Cn)	
			1900	Mercury (Report to 0.XXX)	< 0.001
0680	Total Organic Carbon (TOC)		1067	Nickel (Ni)	< 0.02
			1147*	Selenium (Se)	
9000	pH(standard unit range)		1077*	Silver (Ag)	
0610	(1) Ammonia as N		1102*	Tin (Sn)	
0550	(1)(3) Total Oil & Grease		1092	Zinc (Zn)	0.149
0745*	(1) Sulfide		2730	Phenol	
0507*	(1) Ortho Phosphates as P		4053*	Pesticides (Report to 0.XXX)	
0625*	(1) Kjeldahl N as N				
9998*	(2)(3) TTO (Report to 0.XXX)		9999*(3)	TTVO (Report to 0.XXX)	

FOOTNOTES:

- (1) Report results to the nearest tenth, i.e., 1.6 mg/l.
 (*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.
 (2) See instructions.
 (3) Grab sample required

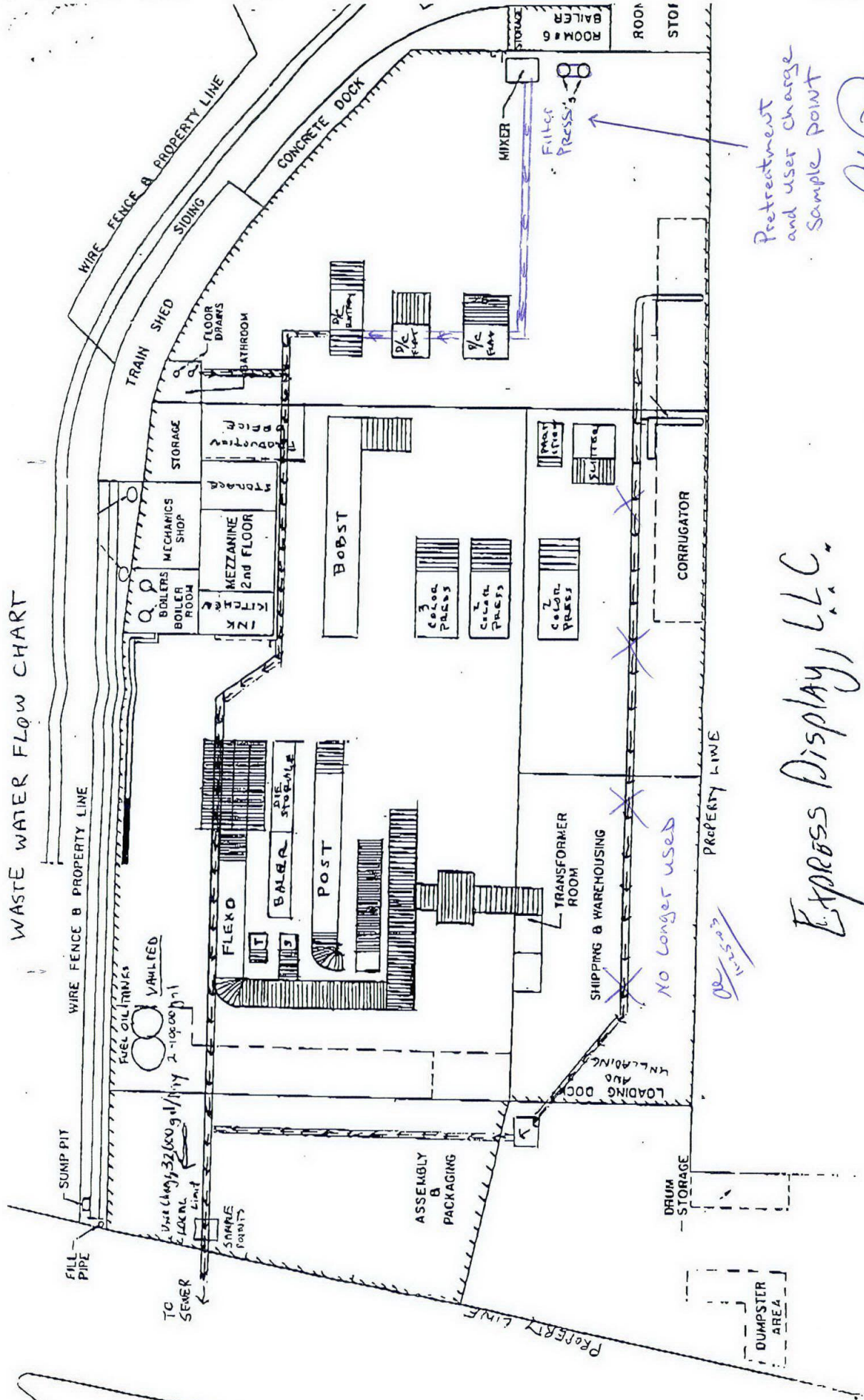
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11-25-2003 10:31

From-

T-573 P.002/002 F-915

WASTE WATER FLOW CHART



Pretreatment
and user charge
sample point

Appl. Eng.
11-25-03

Express Display, LLC.

SECTION E (continued)

Samples collected by: Water Works Laboratory Inc

Date: _____

Sample analyzed by: water works

Date: _____

Products being manufactured when sample was collected: Corrugated

Shipping containers and Displays

27. Who performs the analyses of the samples for User Charge? _____

water works Laboratory

28. Is the Laboratory certified by NJDEP to conduct all the analyses? Y - N Yes

29. Who performs the analyses of the samples for the Pretreatment Parameters?

Water Works Laboratory Inc.

If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state:

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?

Y - N Yes

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1,2 & 3 is present in your discharge.

SECTION F**PRETREATMENT**

32. Industrial Category: N/A
Subpart (s): _____
33. Compliance date(s): N/A
34. Is facility in compliance? N/A If not, and if compliance date has passed, explain actions being taken to get into compliance: _____

35. Date Baseline Monitoring Report (BMR) submitted to PVSC: MAY 1995
36. Compliance schedule submitted: N/A
If yes is facility on schedule? _____ Explain if compliance date will not be met: _____

37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)?
If yes, describe N/A
38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?
If yes, describe NO
39. Has NJDEP or EPA ever cited this facility for a violation of State or Federal Regulations for the nature of its wastewater discharge? Y - N NO
40. Is this facility under an ISRA Clean up? Yes If so, has a plan been approved by NJDEP: RIW Approved
- Is there any plan to discharge groundwater?
UNKNOWN AT THIS TIME

CERTIFICATION*:

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official:

Alfonse Rossi

Print Name

TITLE:

Plant Manager

11-25-03

DATE

SIGNATURE

*APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:

- a. Principal Officer of Corporation
- b. President or Owner of Company
- c. General Partner if a Partnership
- d. Plant Manager or Authorized Representative

TABLE 1 EPA PRIORITY POLLUTANTS**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
Acenaphthene				X	2,4 dimethylphenol				X
acrolein				X	2,4 dinitrotoluene				X
acrylonitrile			X		2,6 dinitrotoluene				X
benzene			X		1,2 diphenylhydrazine				X
benzidine				X	ethylbenzene	X			
carbon tetrachloride (tetrachloromethane)			X		fluoranthene				X
chlorobenzene			X		4-chlorophenyl phenyl ether				X
1,2,4-trichlorobenzene				X	4-bromophenyl phenyl ether				X
hexachlorobenzene				X	bis(2-chloroisopropyl) ether				X
1,2 dichloroethane			X		bis(2-chloroethoxy) methane				X
1,1,1 trichloroethane			X		methylene chloride(dichloromethane)			X	
hexachloroethane				X	methyl chloride (chloromethane)			X	
1,1,dichloroethane			X		methyl bromide (bromomethane)			X	
1,1,2 trichloroethane			X		bromoform(tribromomethane)			X	
1,1,2,2 tetrachloroethane			X		dichlorobromomethane			X	
chlorethane			X		trichlorofluoromethane			X	
bis(chloromethyl) ether				X	dichlorodifluoromethane				X
Bis(2 chloroethyl) ether				X	chlorodibromomethane				X
2-chloroethyl vinyl ether mixed			X		hexachlorobutadiene				X
2-chloronaphthalene				X	hexachlorocyclopentadiene				X
2,4,6, trichlorophenol				X	isophorone				X
parachlorometa cresol				X	naphthalene				X
Chloroform (trichloromethane)	X				nitrobenzene				X
2 chlorophenol				X	2-nitrophenol				X
1,2, dichlorobenzene			X		4-nitrophenol				X
1,3, dichlorobenzene			X		2,4-dinitrophenol				X
1,4, dichlorobenzene	X				4,6 dinitro-o cresol				X
3,3. dichlorobenzidine				X	N-nitrosodimethylamine				X
1,1,dichloroethylene			X		N-nitrosodiphenylamine				X
1,2 trans-dichloroethylene			X		N-nitrosodi-n-propylamine				X
2,4,dichlorophenol				X	pentachlorophenol				X
1,2, dichloropropane			X		phenol	X			
1,3, dichloropropylene			X						
(1,3 dichlor propene)			X						

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 1 EPA PRIORITY POLLUTANTS (continued)**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate				X	endrin				X
butylbenzylphthalate				X	endrin aldehyde				X
di-n-butylphthalate				X	heptachlor				X
di-n-octylphthalate				X	heptachlor (epoxide)				X
diethylphthalate				X	BHC Alpha				X
dimethylphthalate				X	BHC Beta				X
benzo(a)anthracene				X	BHC Gamma				X
benzo(a)pyrene				X	BHC Delta				X
3,4 benzofluoranthene				X	PCB1242				X
benzo(k) fluoranthene				X	PCB1254				X
chrysene				X	PCB1221				X
acenaphthylene				X	PCB1232				X
anthracene				X	PCB1248				X
benzo(ghi)perylene				X	PCB1260				X
fluorene				X	PCB1016				X
phenanthrene				X	toxaphene				X
dibenzo (a,h) anthracene				X	antimony(total)	X			
indeno (1,2,3-c,d) pyrene				X	arsenic (total)			X	
pyrene				X	asbestos (fibrous)				X
tetrachloroethylene			X		beryllium (total)			X	
toluene			X		cadmium (total)	X			
trichloroethylene			X		chromium (total)	X			
vinyl chloride			X		copper (total)	X			
aldrin				X	cyanide (total)				X
dieldrin				X	lead (total)			X	
chlordane				X	mercury (total)			X	
4,4 DDT				X	nickel (total)	X			
4,4, DDE				X	selenium (total)			X	
4,4, DDD				X	silver (total)				X
endosulfan I				X	thallium (total)			X	
endosulfan II				X	zinc (total)	X			
endosulfan sulfate				X	2,3,7,8, tetrachlorodibenzo				X
					p-dioxin				X

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 2 NJDEP EXPANDED PRIORITY POLLUTANTS**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acrylamide				X	n,n-dimethyl aniline				X
amitrole				X	3,3-dimethyl benzidine				X
amyl alcohols				X	1,1-dimethylhydrazine				X
aniline hydrochloride				X	dioxane				X
anisole				X	diphenylamine				X
auramine				X	ethylenimine				X
benzotrichloride				X	hydrazine				X
benzylamine				X	4,4-methylene bis				X
				X	(2-chloraniline)				X
o-chloroaniline				X	4,4-methylenedianiline				X
m-chloroaniline				X	methyl isobutyl ketone				X
p-chloraniline				X	alpha-naphthylamine				X
1-chloro-2-nitrobenzene				X	beta-naphthylamine				X
1-chloro-4-nitrobenzene				X	n-methylaniline				X
chloroprene				X	1,2- phenylenediamine				X
chrysoidine				X	1,3- phenylenediamine				X
cumene				X	1,4-phenylenediamine				X
2,3-dichloroaniline				X	sudan 1 (solvent yellow 14)				X
2,4-dichloroaniline				X	thiourea				X
2,5-dichloroaniline				X	toluene sulfonic acids				X
3,4-dichloroaniline				X	toluidines				X
3,5-dichloroaniline				X	xylydines				X
1,3-dichloropropene				X					X
1,3-dimethoxybenzidine				X					

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acetaldehyde				X	isopropanolamine				X
allyl alcohol				X	kelthane				X
allyl chloride				X	kepone				X
amyl acetate				X	malathion				X
aniline				X	mercaptodimethur				X
benzonitrile				X	methoxychlor				X
benzyl chloride				X	methyl mercaptan				X
butyl acetate				X	methyl methacrylate				X
butylamine				X	methly parathion				X
captan				X	mevinphos				X
carbaryl				X	mexacarbate				X
carbofuran				X	monoethylamine				X
carbon disulfide				X	monomethylamine				X
chlorpyrifos				X	naled				X
coumaphos				X	napthenic acid				X
cresol				X	nitrotoluene				X
crotonaldehyde				X	parathion				X
cyclohexane				X	phenolsulfanate				X
2,4-D (2,4-dichlorophenoxy)				X	phosgene				X
acetic acid				X	propagrite				X
diazinon				X	propylene oxide				X
dicamba				X	pyrethrins				X
dichlobenil				X	quinoline				X
dichlone				X	resorcinol				X
2,2-dichloropropionic acid				X	strontium				X
dichlorvos				X	strychnine				X
diethylamine				X	stryrene				X
dimethylamine				X	2,4,5-T (2,4,5-trichloro- phenoxy acetic acid)				X
dinitrobenzene				X	TDE (tetrachloro- diphenylethane)				X
diquat				X	2,4,5-TP 2(2,4,5- trichlorophenoxy				X
disulfoton				X	trichlorofon				X
diuron				X	triethylamine				X
epichlorohydrin				X	trimethylamine				X
					propanoic acid				X

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES (continued)**CHECK APPROPRIATE BOX**

<u>NAME</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
ethanolamine				X	uranium				X
ethion				X	vanadium				X
ethylene diamine				X	vinyl acetate				X
ethylene dibromide				X	xylene	X			
formaldehyde				X	xlenol				X
furfural				X	zirconium				X
guthion				X					
isoprene				X					

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name of the applicant for service of process and the individual to be contacted in the event of an emergency.

SECTION ONE

(To be completed by all applicants)

NAME OF APPLICANT: State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement or other official document which establishes the name of the applicants (if no such document exists, state the name the business uses):

EXPRESS DISPLAY LLC

Name of Applicant

TRADE NAME: Identify all trade names and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

N.P.C. DISPLAY GROUP

Trade Name/Fictitious Name

BUSINESS ORGANIZATION: Please check the appropriate box:

- | | |
|--|---|
| <input type="checkbox"/> Sole proprietorship | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Non-Profit Corporation |
| <input type="checkbox"/> Corporation | <input checked="" type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (describe) | |

EMERGENCY CONTACT PERSON: In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: Alfonse Rossi
 Street Address: 174 Floyd St
 City, State & Zip Code: Belleville NJ 07109
 Business Telephone: 973 589 2155 (x 252)
 Emergency Telephone: 973 296 8560

SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

REGISTERED AGENT: Identify the name and address of the Corporation's Registered Agent:

Name: _____
Company Name: CORPORATION SERVICE CO
Street Address: 830 WEST BEAR TAVERN RD
City, State & Zip Code: WEST TRENTON, N.J. 08628

DATE AND PLACE OF INCORPORATION/FORMATION: Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State: N.J.
Date: JULY 7, 1998

DATE AUTHORIZED IN NEW JERSEY: If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: _____

SECTION THREE

(To be completed only by Partnerships or Joint Ventures)

FORM OF PARTNERSHIP: Check One.☐ General partnership☐ Limited Partnership**PARTNERS:** Identify (by name, residence address, business address and daytime telephone number) each partner or joint venture. (attach additional sheets if necessary):

Name: _____
Street Address: _____
City, State & Zip Code: _____

Name: _____
Street Address: _____
City, State & Zip Code: _____

SECTION FOUR

(This section to be completed only if the business concern is organized in a form other than a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

FORM OF BUSINESS ORGANIZATION: Describe how the business entity is organized and under what legal authority it was established.

N/A

CERTIFICATION

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment,

Dated: Dec 3, 2003


Signature

EVP
Print Title & Position

SUPPLEMENTAL SEWER USE APPLICATION QUESTIONNAIRE

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name and address of the applicant and all individuals and entities owning 10% or more of the applicant. This will assist the PVSC by providing necessary information for service of notices, bills and other documents upon the applicant, for service of process as well as the individual to be contacted in the event of an emergency.

BY SIGNING THIS APPLICATION THE APPLICANT IS ACKNOWLEDGING ITS CONTINUING OBLIGATION TO UPDATE THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE. SPECIFICALLY THE APPLICANT UNDERSTANDS THAT IT SHALL NOTIFY THE PVSC WITHIN THIRTY (30) DAYS OF ITS ENTERING INTO A CONTRACT OR AGREEMENT TO TRANSFER ITS CAPITAL STOCK AND/OR 50% OR MORE OF ITS ASSETS. THE APPLICANT SHALL LIKEWISE INFORM THE PVSC, ON A CONTINUING BASIS, OF ALL INDIVIDUALS OR ENTITIES OWNING 10% OR MORE OF THE CAPITAL STOCK OR ASSETS OF THE CORPORATION AND ANY INDIVIDUAL OR ENTITY ENTITLED TO RECEIVE MORE THAN 10% OF THE NET PROFITS OF THE APPLICANT.

FAILURE TO NOTIFY THE PVSC OF ANY CHANGES IN THE CORPORATE STRUCTURE, OWNERSHIP OR PLANNED TRANSFER OF OWNERSHIP WITHIN 15 DAYS OF ITS OCCURRENCE SHALL BE DEEMED A VIOLATION OF THE SEWER USE PERMIT, THE RULES AND REGULATIONS OF THE PVSC AND N.J.S.A. 58:14-1 et. seq.

SECTION ONE

(To be completed by all applicants)

NAME OF APPLICANT: State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement, trust or other official document which establishes the name of the applicant (if no such document exists, state the name the business uses):

EXPRESS DISPLAY, LLC

Name of Applicant

TRADE NAME: Identify all trade names, names under which the applicant will be doing or soliciting business and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

N.P.C. DISPLAY GROUP

Trade Name/Fictitious Name

2 of 13

BUSINESS ORGANIZATION: Please check the appropriate box:

- | | |
|--|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Non-Profit Corporation |
| <input type="checkbox"/> Corporation | <input checked="" type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (describe) | |

EMERGENCY CONTACT PERSON: In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: Alfonse Rossi

Street Address: 174 Floyd St

City, State & Zip Code: Belleville, NJ 07109

Business Telephone: 973 589 2155 Emergency Telephone: 973 296 8560

PAST NAMES OF APPLICANT. List **all** names under which the applicant has done business or held itself out to the public as doing business in the past. Include names of division, and "trading as," "doing business as," fictitious, or informal name.

<u>Name</u>	<u>From (Year)</u>	<u>To (Year)</u>
<u>EXPRESS DISPLAY, LLC</u>	<u>1998</u>	<u>CURRENT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT'S FORMER FACILITIES IN NEW JERSEY. List all locations, including office, in the State of New Jersey at which the applicant formerly operated any aspect of its business, and any location at which such a business was owned or operated by any predecessor of the applicant, or by any owner, partner, director, officer, key employee or stockholder holding 10% or more of the applicant's equity.

<u>Address</u>	<u>Type of Facility</u>	<u>From To (years)</u>	<u>NJDEP regis. No. and or USEPA I.D.</u>
<u>NONE</u>	<u>-</u>	<u>-</u>	<u>-</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT'S FACILITIES IN OTHER JURISDICTIONS. List all locations in any state, including offices, districts or territory of the United States other than New Jersey, or in any foreign country, at which the applicant is currently operating any aspect of its business.

<u>Address</u>	<u>Telephone</u>	<u>Type of facility</u>	<u>USEPA I.D. and/or any permits (nos. and name of issuing agency)</u>
NONE	—	—	

SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

REGISTERED AGENT: Identify the name and address of the Corporation's Registered Agent:

Name: _____

Company Name: CORPORATION SERVICE CO.

Street Address: 830 WEST BEAR TAVERN RD

City, State & Zip Code: WEST TRENTON, N.J. 08628

Telephone: _____

(Area Code)

DATE AND PLACE OF INCORPORATION/FORMATION: Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State/Country: NEW JERSEY

Date: JULY 7, 1998

Certificate of Incorporation No.: _____

Copy of certificate of incorporation attached? ☐ Yes ☒ No

DATE AUTHORIZED IN NEW JERSEY: If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: _____

4 of 13

OFFICERS. List the following information as to each Officer of the corporation. Use additional copies of this section as necessary.

Name: ALLAN EDELMAN Telephone: 913-589-2155

Business address: 105 AVE L, NEWARK, NJ 07105

Office
held

Date took
office

Date of
birth

MANAGING MEMBER

7/7/98

12/27/33

Name: STUART EDELMAN

Telephone: 215-946-2000
(area code)

Business address: 100 MAIN ST. TULLYTOWN, PA. 19006

Office
held

Date took
office

Date of
birth

MANAGING MEMBER

7/7/98

DIRECTORS. List the following information as to each Director of the corporation. Use additional copies of this section as necessary.

Name: FRED EDELMAN

Telephone: 609-631-7900
(area code)

Business address: 1400 E. STATE ST. TRENTON, NJ 08609

Office
held

Date took
office

Date of
birth

MANAGING MEMBER

7/7/98

5 of 13

FORMER OFFICERS AND DIRECTORS: List the following information as to each person who was an Officer or Director of the corporation at any time during the last 10 years and is not listed in the responses above. Use additional copies of this section, as necessary.

Name and last known address:

<u>Position held</u>	<u>From</u>	<u>To</u> (month/year)	<u>Date of birth</u>
_____	_____	_____	_____

SECTION THREE

(To be completed only by Corporations and Limited Liability Companies)

List all persons and/or entities holding a 10% or greater ownership, equity, beneficial or other interest in the Applicant along with the addresses and telephone #. Use additional copies of this section as necessary.

Name: SEE ANSWERS ON PAGE 4/13

Street Address: _____

City, State & Zip Code: _____ Bus. Phone _____

Name: _____

Street Address: _____

City, State & Zip Code: _____ Bus. Phone _____

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

SECTION FOUR

(To be completed only by Partnerships or Joint Ventures)

Provide a copy of the partnership or joint venture agreement of applicant.

Copy attached? ☐ Yes ☐ No

TYPE OF ASSOCIATION:

Check One

☐ General Partnership☐ Limited Partnership☐ Joint Venture

GENERAL PARTNERS OR JOINT VENTURERS. List the following information as to each partner or joint venturer. Use additional copies of this section, as necessary. If a limited partnership, list limited partners separately under the heading "limited partners."

Name: _____

Street Address: _____

City, State & Zip Code: _____

Telephone: _____

Name: _____

Street Address: _____

City, State & Zip Code: _____

Telephone: _____

LIMITED PARTNERS. List the following information as to each limited. Use additional copies of this section as necessary.

Name: _____

Street Address: _____

City, State & Zip Code: _____ Telephone: _____

Name: _____

Street Address: _____

City, State & Zip Code: _____ Telephone: _____

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FORMER PARTNERS/JOINT VENTURERS. List the following information as to all prior partners (general and limited) and joint venturers of the applicant during the past 10 years that are not listed above. Use additional copies of this section as necessary.

Name: NONA

Street Address: _____

City, State & Zip Code: _____ Telephone: _____

Dates during which individual was a partner: _____

Name: _____

Street Address: _____

City, State & Zip Code: _____

Telephone: _____ Telephone: _____

Dates during which individual was a partner: _____

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

SECTION FIVE

(This section to be completed only if the business concern is organized in a form **other than** a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

FORM OF BUSINESS ORGANIZATION: Describe how the business entity is organized and under what legal authority it was established.

N/A

Type (trust, trade association; estate; etc.)

Copy attached? ☐ Yes ☒ No

OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC. List the following information as to each person who owns, controls or is an officer or trustee of the Applicant. If any owner, officer, trustee, or controlling party listed below shall be a corporation, limited liability corporation, or partnership (general or limited liability), the Applicant shall supply the information requested in Sections Two, Three and Four as applicable. Use additional copies of this section as necessary.

Name: SEE SECTION 2 ON PAGE 4

Street Address: _____

City, State & Zip Code: _____ Telephone: _____

Name: _____

Street Address: _____

City, State & Zip Code: _____ Telephone: _____

SECTION SIX

CIVIL VIOLATIONS HISTORY

(To be completed by all applicants)

The following questions concern civil violations of environmental protection laws and regulations. In this section, the term "you" refers to the applicant identified in SECTION I, and to any of the following:

- a. Any predecessor firm, or any previous name under which the applicant operated.
- b. Subsidiaries: Any business in which the applicant holds 25% of equity or debt liability.
- c. Sister companies: Any business in which the applicant's parent company holds more than 10% of the equity or debt liability.
- d. Any corporation of which the Applicant is a subsidiary.
- e. Any Officer, Director, Partner, or Joint Venturer of the applicant, and any business concern owned or controlled by any such individual.

Provide a response in each section. Each item pertains to all of the entities and individuals listed above. If an answer is None or the item is not applicable, write "None" or "N/A". A question left unanswered will not be presumed "Not applicable" or "None" - THE FORM WILL BE DEEMED INCOMPLETE.

As used below, the term "law or regulation pertaining to protection of the environment" includes laws and regulations relating to the discharge, treatment, storage, processing, recycling or disposal of industrial waste or hazardous waste and any others relating to water and air pollution, discharge of hazardous substances and treatment of hazardous materials. It includes regulations of the Passaic Valley Sewerage Commissioners ("PVSC"), N.J. DEP, the U.S. EPA, the N.J. DOT, and the U.S. Department of Transportation.

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A. NEW JERSEY VIOLATIONS NOTICES. List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, settlements, Judicial or Administrative Consent Orders, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the PVSC, New Jersey Department of Environmental Protection (DEP) or United States Environmental Protection Agency. Attach additional sheets if necessary.

Name of entity cited: NONE Date Issued: _____

Address of alleged violation: _____

Alleged violation: _____ Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____ Docket No.: _____

B. FEDERAL VIOLATION NOTICES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment. Use additional copies of this section as necessary.

Name of entity cited: NONE Date Issued: _____

Address of alleged violation: _____

Alleged violation: _____ Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____ Docket no.: _____

C. NEW JERSEY MUNICIPALITIES AND COUNTIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summonses, civil Complaints, Citations of any kind, and Notices of intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any municipality or county in the State of New Jersey, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. **Use additional copies of this section as necessary.**

Name of entity cited: NONE Date Issued: —

Address of alleged violation: _____

Alleged violation: _____ Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____ Docket no.: _____

D. OTHER STATES AND FOREIGN COUNTRIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summons, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any state other than the State of New Jersey or by any foreign country, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. **Use additional copies of this section as necessary.**

Name of entity cited: NONE Date Issued: _____

Address of alleged violation: _____

Alleged violation: _____ Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____ Docket no.: —

SECTION SEVEN**OTHER CIVIL COURT JUDGMENTS AND PENDING LITIGATION**

(To be completed by all applicants)

A. OTHER JUDGMENTS. List and explain all judgments of liability in excess of \$25,000 rendered against the applicant in the past 10 years, starting with the most recent. **Use additional copies of this section as necessary.**

Title of case: NONE Docket No.: _____

Name & location of court: _____ Date judgment entered: _____

Nature of suit: _____ Amt./terms of judgment: _____

B. PENDING SUITS. List and explain all civil suits in which the applicant is presently involved as a party plaintiff or defendant. Include matters involving resolution before arbitration boards. **Use additional copies of this section as necessary.**

Title of case: NONE Docket No.: _____

Name & location of court: _____ Date Filed: _____

Nature of suit: _____ Status: _____

SECTION EIGHT**CRIMINAL CHARGES AND CONVICTIONS**

(To be completed by all applicants)

List all indictments, accusations, summonses, complaints, and information against the applicant for any crime, felony, misdemeanor, disorderly persons offense, petty disorderly persons offense or criminal violation.

NOTE: You need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) or comparable motor vehicle offenses in jurisdictions other than New Jersey. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed under this item.

List convictions first. Use additional copies of this page as necessary.

Name of entity charged/convicted: _____

Description of crime/offense charged: _____

Date Charged: _____

Jurisdiction Where Charged: _____

Indictment information, Complaint No., indictment No. etc., _____

Disposition (if applicable, sentence imposed): _____

CERTIFICATION

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

Dated: *DEC 3, 2003*



Signature

E.V.P.

Print Title & Position



105 Avenue L, Newark, New Jersey 07105 NJ: (973) 589-2155 NY: (212) 943-2503 FAX: (973) 589-2414

INDUSTRIAL <u>130-2573</u>			
8110	8115	8120	8205
DEC 04 2003			

December 4, 2003

Passaic Valley Sewerage Commissioners
600 Wilson Ave
Newark, NJ 07105

Dear Sir or Madam:

Please find enclosed Express Display LLC,s Sewer Permit application and submittal fee.

Please note that the analytical data section is incomplete and samples are at Water Works Laboratory.

I will follow up with the results within a week.

Sincerely,

Alfonse Rossi
Plant Manager

DONALD TUCKER
CHAIRMAN

CARL S. CZAPLICKI, JR.
VICE CHAIRMAN

ANTHONY W. ARDIS
FRANK J. CALANDRIELLO
ALAN C. LEVINE
ANGELINA M. PASERCHIA
KENNETH R. PENGITORE
THOMAS J. POWELL
COMMISSIONERS



Passaic Valley
Sewerage Commissioners

100th Anniversary
1902 - 2002

600 WILSON AVENUE
NEWARK, NJ 07105
(973) 344-1800
Fax: (973) 344-2951
www.pvsc.com

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

JAMES KRONE
DEPUTY EXECUTIVE DIRECTOR

JOSEPH A. FERRIERO
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

Industrial Fax: (973-344-4876)

RECEIPT

RECEIVED FROM Express Display LLC

AMOUNT OF PAYMENT 750.00 DATE OF PAYMENT Dec 4, 03

A/ MR-1 , MR-2 REPORT DUE ON _____ (LATE REPORT)

B/ SV FINE, CONSENT ORDER (EFFLUENT VIOLATION)

C/ SEWER USE APPLICATION FEE	\$ 750.00
GROUNDWATER APPLICATION FEE	\$ 750.00
LETTER OF AUTHORIZATION	\$ 200.00
PERMIT FEE PER YEAR	\$ 300.00
PERMIT FEE PER YEAR	\$ 600.00
OTHER	\$ _____

PAYMENT RECEIVED BY:

SIGNATURE

Louis Lanzillo

AMOUNT

\$750.00

DATE

12/5/03

PASSAIC VALLEY SEWERAGE COMMISSIONERS APPLICATION FOR A SEWER USE PERMIT

INDUSTRIAL 180-2573
8110 8115 8120 8205
DEC 04 2003

SECTION A

- Company Name: Express Display LLC
- Permit Number if applicable: 20210097
- Location: 105 Ave L
Newark NJ Zip Code: 07105
- Mailing Address: SAME
Zip Code: _____
- Person to contact concerning information provided in this application:
Name of Contact Official: Alfonse Rossi
Title: Plant Manager Phone No.: 973 589 2155
Address: 105 Ave L, Newark NJ Zip code: 07105
- Number of Employees - Full Time: 110 Part Time: _____
Number of Work Days Per Year: 250
Number of Shifts Per Day: 2
- If property is owned indicate block and lot number(s): Block 5030 Lot 61
1 68
1 69
Assessed Value: \$ 4,600,000.00
- If property is rented indicate name and address of owner: _____

NOTICE TO CASHIER: BE SURE WATERMARK IS ON REVERSE SIDE BEFORE CASHING

NPC DISPLAY GROUP
105 AVENUE L
NEWARK, NJ 07105

Fleet
93042 Newark-Adams Street Office
Newark, New Jersey 07105

55-33
212

CHECK NO

PAY

750 DOLLARS AND NO CENTS

DATE

19244

CHECK AMOUNT:

12/04/03

*****750.00

THE
DER OF
PASSAIC VALLEY SEWERAGE COMMIS
SION
600 WILSON AVE
NEWARK, NJ 07105

[Signature]
[Signature]

19244 00212003390 96045 66424

NPC DISPLAY GROUP

DATE 12/04/03

CHECK # 19244 STUB # 1

G/L NUMBER INV NUMBER INV DATE GROSS AMT

40350.00 7768-4483 06/27/03 750.00

SEWAGE COMM.

INDUSTRIAL <u>780-2573</u>			
8110	8115	8120	8205
DEC 04 2003			

PASSAIC VALLEY SEWER TOTALS

750.00

.00

750.00

NOTICE TO CASHIER: BE SURE WATERMARK IS ON REVERSE SIDE BEFORE CASHING

NPC DISPLAY GROUP
105 AVENUE L
NEWARK, N.J. 07105

Fleet
93042 Newark-Adams Street Office
Newark, New Jersey 07105

55-33
212

CHECK NO

19244

PAY

750 DOLLARS AND NO CENTS

DATE

CHECK AMOUNT

12/04/03

*****750.00

TO THE
ORDER OF

PASSAIC VALLEY SEWERAGE COMMIS
SION
600 WILSON AVE
NEWARK, NJ 07105

⑈ 19244 ⑈

⑈ 021200339⑈ 94045 66474 ⑈